

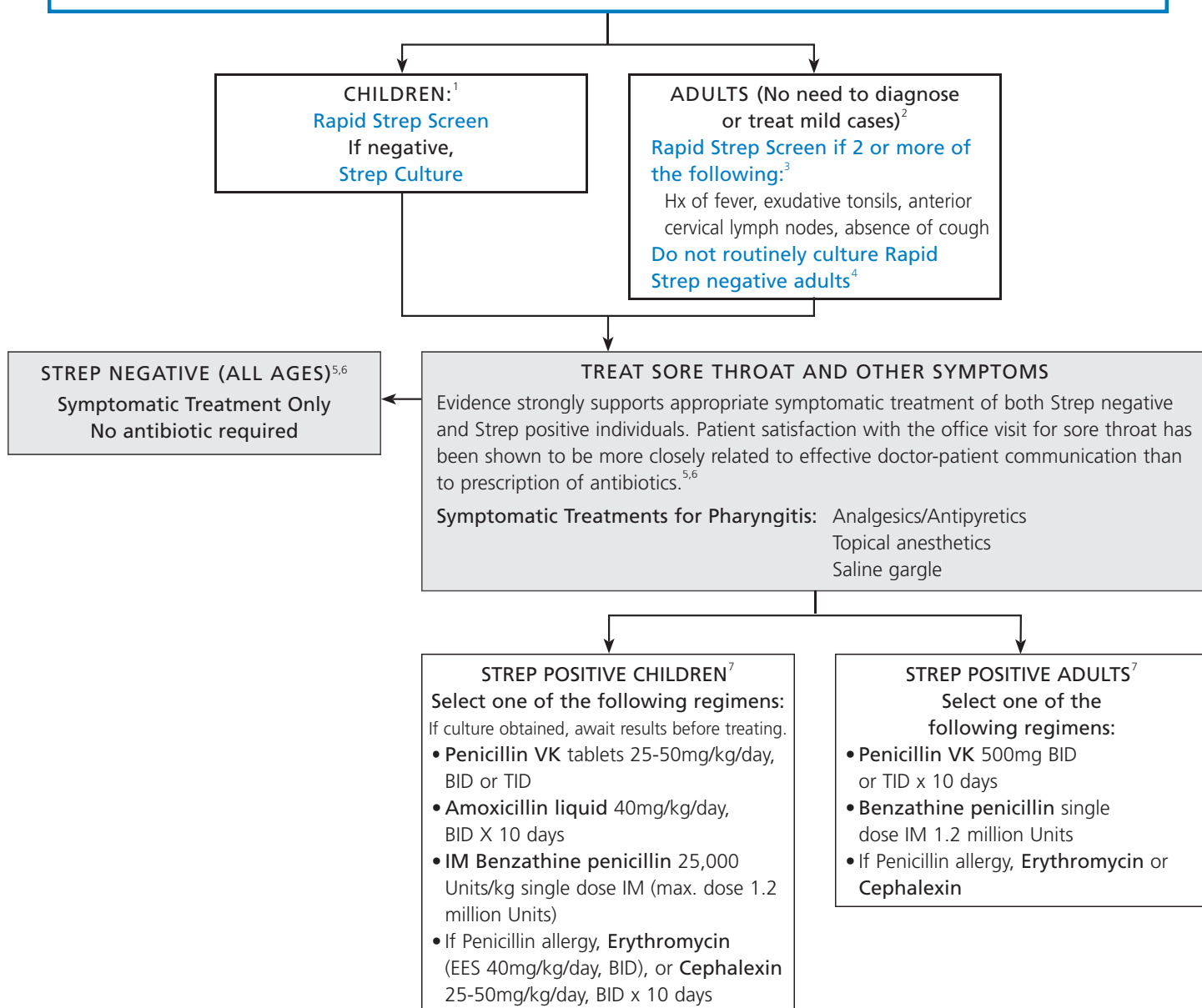
Practice Guidance for JUDICIOUS USE OF ANTIBIOTICS

ACUTE PHARYNGITIS

"Use antibiotics only for proven Group A Beta-hemolytic *Streptococcus*."

PRESENTING WITH: FEVER, ERYTHEMA, PURULENT EXUDATE IN PHARYNGEAL-TONSILLAR AREA, PROMINENT ANTERIOR CERVICAL LYMPH NODES*

(This guideline does not apply to adults with a history of rheumatic fever, valvular heart disease, immunosuppression, or recurrent or chronic pharyngitis.)



NOTES:

- **Even with this constellation of symptoms, Group A beta-hemolytic streptococcus (GABS) is present only in a minority of patients.⁸**
- Antibiotic treatment will effectively prevent Rheumatic Fever if given within 9 days of onset of illness.
- Antibiotic treatment for symptomatic relief is only effective for GABS, and only if initiated within 48 hours of symptom onset.
- Other organisms to consider: rhinovirus, corona virus, parainfluenza, influenza, adenovirus, Epstein-Barr virus, CMV, coxsackie virus, Herpes simplex, Neisseria gonorrhoea, Mycoplasma pneumoniae, Chlamydia pneumoniae.
- Beta hemolytic Streptococcus Groups C and G infections are self-limited and rheumatic fever does not occur. They are not detected by rapid Streptococcal antigen testing.
- Satisfaction with the practitioner visit predicts duration of illness and closely relates to how well concerns are dealt with—unless patients are very ill, practitioners should consider exploring concerns and should avoid or delay prescribing antibiotics.⁵

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This guideline is intended as a general reference. Practitioners should always independently assess each patient to evaluate whether care is indicated and what care and follow-up treatment may be appropriate under the circumstances presented. The clinical guidelines and information featured in this document are intended as an analytical framework for the evaluation and treatment of your patients. These Guidelines are not intended to replace your best clinical judgement or establish a protocol for all patients. We know that there is rarely one approach in treating a patient's clinical presentation.